



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Handwritten: HWDMS 10-9-91

000983
RECEIVED

SEP 12 1991

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102

FOR OFFICIAL USE ONLY

COMMENTS										HAZARDOUS WASTE PROGRAM											
										MISSOURI DEPARTMENT OF NATURAL RESOURCES											
C																					
C																					
INSTALLATION'S EPA ID NUMBER										APPROVED		DATE RECEIVED									
												YR. MO. DAY									
C										T/A	C										
F																					

I. NAME OF INSTALLATION

Forest Park Comm College

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

5600 Oakland

CITY OR TOWN

STATE

ZIP CODE

St Louis

MO

63110

III. LOCATION OF INSTALLATION

STREET AND NUMBER

5600 Oakland

CITY OR TOWN

STATE

ZIP CODE

St Louis

MO

63110

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)

TELEPHONE NUMBER

Wei Bob Instructor

314 644 928

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (ENTER CODE)

GOVERNMENT AGENCY

M

IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

<input checked="" type="checkbox"/> 1a. GENERATOR	<input checked="" type="checkbox"/> 1b. LESS THAN 1,000 KG./MO.	<input type="checkbox"/> 6. OFF-SPECIFICATION USED OIL FUEL (enter 'X' & mark appropriate boxes below)
<input type="checkbox"/> 2. TRANSPORTER		<input type="checkbox"/> a. GENERATOR MARKETING TO BURNER
<input type="checkbox"/> 3. TREATER/STORER/DISPOSER		<input type="checkbox"/> b. OTHER MARKETER
<input type="checkbox"/> 4. UNDERGROUND INJECTION		<input type="checkbox"/> c. BURNER
<input type="checkbox"/> 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark appropriate boxes below)		<input type="checkbox"/> 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER)
<input type="checkbox"/> A. GENERATOR MARKETING TO BURNER	<input type="checkbox"/> C. BURNER	WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION
<input type="checkbox"/> B. OTHER MARKETER		

VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE

(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which oil fuel is burned. See instructions for definitions of combustion devices)

☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APP)

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D.

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this not your first notification, enter your installation's EPA ID Number in the space provided below

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

C. INSTALLATION'S EPA I.D. NUMBER



R00147832
RCRA RECORDS CENTER

C
W

T/A

X. DESCRIPTION OF HAZARDOUS WASTE

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific source your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY1. IGNITABLE
(D001)

lbs.

2. CORROSIVE
(D002)

lbs.

3. REACTIVE
(D003)

lbs.

4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.

AMOUNT AND
FREQUENCY

D008

Unknown lbs. B

D018

Combined lbs. B

D039

Combined lbs. B

lbs.

MISSOURI REQUIRED INFORMATION

MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)

PRINCIPAL BUSINESS ACTIVITY School

S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)

CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY ☐**XI. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

DATE

Bob Weir Instructor 9/6/91